

Ray Seigfried

## Summary of my testimony provided on March 27 at the SEBC Retiree Subcommittee

It has been said that Medicare Advantage is a good plan until you become sick. I believe this to be true because of what I have learned about M.A. and the many negative testimonies provided today.

I also want to encourage the committee to pursue the comparison of cost from the consultant's slide 23, made by Representative Baumbach and Senators Townsend's statement, to review the current timetable of the subcommittee's report. The committee's job is too essential to rush through a recommendation, and I hope you re-evaluate your time for a well-thought-out report.

As for the consultant's slides 11 and 12, pre-authorization delays have not resulted in any quality care; the only thing this has resulted in is a greater profit margin for the insurance company. To back this up, 70 Congressmembers sent a letter to CMS requesting immediate finalization and enforcement of the proposed rule on prior authorization in the M.A. plan, and a group of 118 medical societies led by the American Medical Association voiced strong support for CMS proposed rule overhauling prior authorization in M.A. programs.

The question is why providers and physicians choose not to participate in M.A. programs is primarily due to the increased cost compared to regular Medicare reimbursement. Those who sign up later do so only if their competition takes away patients.

As for Medigap plan F no longer being offered, it results from M.A. billing the Medicare Trust fund billions of claims more than regular Medicare. If things continue, the Medicare Trust has projected that it will not have funds to pay 100% of part A in its program by 2026.

We need to understand the cost of existing employee Medicare pensioners and provide support for both with a choice in their health plan.

Ray Seigfried

Former State Representative